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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	13085	
Facility Name:	Providen	ce Tarzana Medical Center
Address:	18321 CI	ark St.
City:	Tarzana	
Hospital Owner/Lice	ensee:	Providence Health System - Southern California / 930000097
Year of Repo	orting:	2010
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Robert Hacker
Submission	Date:	2/11/2011 4:44:43 PM

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For buildings which are planned for retrofit or replacement the report shall identify: Whether the hospital owner intends to retrofit or replace the building to SPC 2 or SPC 5 per section 130061(c)(1)(A). The deadline, as described in Section 130060 or 130061.5, for retrofit or replacement of the bulding that the hospital owner intends to meet, and the applicable extension for which the hospital owner has been approved per Section 130061(c)(1)(B)

Bldg. No.	Building Name	Alternate Building Address	Building Resolution	Final SPC Rating If Required	Extension Date	Anticipated Completion Date
01	Main Hospital	18321 Clark St.	Retrofit	SPC2	01/01/2013	12/31/2019
02	Patient Tower	18321 Clark St.	Retrofit	SPC2	01/01/2013	12/31/2019
03	Ancillary Wing	18321 Clark St.	Retrofit	SPC2	01/01/2013	12/31/2019

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Build	ing Name: Main Hospital		
Type of Service Pro	<u>vided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	21 Inpatient Days 3074	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	X Outpatient Surgery
		Total Beds this Building 21	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 02	Buildi	ng Name: Patient Tower		
Type of Service Prov	<u>/ided</u>	-		
X Nursing	Inpatient Beds	150 Inpatient 44446 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	20 Inpatient Days 7595	Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	18 Inpatient Days 2181	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Build	ing Name: Ancillary Wing		
Type of Service Prov	<u>/ided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	7 Inpatient Days 600	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	X Clinical Lab	X Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	X Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical X Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building 7	Cesarean/Deliv	X Central Plant

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	01 Bu	ilding Name: Mai	n Hospital		
Medical / Surgical (I	nclude GYN)	Acute Respiratory	y Care	Acute Psychiatric	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse N	lewborn / GYN)	Burn		Skilled Nursing	
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
	Inpatient 0 Days	Inpatient 21 Bed	Inpatient 3074 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	21	21

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	02	Building Name: Par	tient Tower		
Medical / Surgical	(Include GYN)	Acute Respirator	ry Care	Acute Psychiatric	
Inpatient 150 Bed	Inpatient 4444 Days 6	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card	
Inpatient 18 Bed	Inpatient 2181 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	nent
Inpatient 20 Bed	Inpatient 7595 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	188	188

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Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:	03	Building Name: Anc	illary Wing		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 7 Bed	Inpatient 600 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	7	7

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Main Hospital	П
02	Patient Tower	
03	Ancillary Wing	
04	Service Building	
05	Cardiology Addition	
06	Admitting/Emergency	
07	Women's Pavilion	
08	Mechanical Building	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01 B	building Name:	Main Hospital					
Type of Service Provided								
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing		Anesthesia					
X	IntensiveCare			Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol		Clinical Lab		Х	Outpatient		
	escent		Radiological/	Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Imaging	Emergency		Central Plant		
	Obstetrical		Pharmaceutical	Lineigency		Central Plant		
	Ante/Postprtum		Dietetic	Nuclear Medicine	X	Support Services		
	Intermediate		-					
	Care		Administration					
	Skilled Nursing							

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	02	Building Name:	Patient Tower			
Type of Servic	e Provided	I 5	X Surgical	Obstetrical		Rehabilitation
X	Nursing		Anesthesia	Cesarean/Deliv	Ш	Therapy
X	IntensiveCare		_	Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol escent		Clinical Lab	Newborn/ WellBaby		Outpatient Surgery
	Psychiatric Nursing		Imaging Pharmaceutical	Emergency	П	Central Plant
	Obstetrical Ante/Postprtu	m [Dietetic	Nuclear Medicine		Support Services
	Intermediate Care		Administration			
	Skilled Nursin	g				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Ancillary Wing					
Type of Service Provided								
		X	Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
	Nursing	X	Anesthesia					
X	IntensiveCare		_ Ariestriesia	Obstetrical Recovery		Renal Dialysis		
	Pediatric/Adol	X	Clinical Lab	_		Outpatient		
Ш	escent	X		Newborn/ WellBaby		Surgery		
	Psychiatric Nursing		Imaging					
_	-	<u> </u>	Pharmaceutical	X Emergency	X	Central Plant		
	Obstetrical Ante/Postprtum	n X	Dietetic	X Nuclear Medicine	X	Support Services		
	Intermediate Care		٦					
			Administration					
	Skilled Nursing	l						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Main Hospital									
Configuration:	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030				
Type of Servi	ce Provided								
1	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy		
X I	ntensiveCare		Anesthesia		Obstetrical		Renal Dialysis		
I I	Pediatric/Adol escent		Clinical Lab		Recovery				
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	X	Outpatient Surgery		
I I	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant		
	ntermediate		Dietetic		Emergency		Ceillai Fiaill		
	Care				Nuclear Medicine	X	Support Services		
	Skilled Nursing		Administration						

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 02	02 Building Name: Patient Tower									
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC	3 and rem	ove from service by 2030						
Type of Servi	ce Provided										
X	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis				
	Pediatric/Adol escent		Clinical Lab		Recovery						
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant				
	Intermediate		Dietetic		Emergency		Central Plant				
	Care		Administration		Nuclear Medicine		Support Services				
	Skilled Nursing		Administration								

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	03	03 Building Name: Ancillary Wing									
Configuration .	Retrofit Non-Confo	orming buildi	ng to SPC 2 and NPC 3	and rem	ove from service by 2030						
Type of Service	ce Provided										
	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy				
X I	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis				
	Pediatric/Adol escent	Х	Clinical Lab		Recovery						
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery				
	Obstetrical Ante/Postprtum	X	Pharmaceutical	X	Emorgonov	X	Central Plant				
	ntermediate	X	Dietetic		Emergency		Central Flant				
	Care		Administration	X	Nuclear Medicine	X	Support Services				
	Skilled Nursing										

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Nar	me: Service Buildi	ng			
Configuration :	Retrofit Conformir	ng building to	NPC 4 or NPC 5				
Type of Service	Provided						
Nu	ırsing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Int	ensiveCare		Anesthesia		Obstetrical		Renal Dialysis
l I	ediatric/Adol cent		Clinical Lab		Recovery		
	ychiatric ırsing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
1 1 -	ostetrical ite/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	ermediate		Dietetic	_	Emergency		Contrait lant
— Ca	are illed Nursing		Administration		Nuclear Medicine		Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 05	Building Na	me: Cardiology Ac	ddition		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servi	ce Provided					
	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	Central Plant
	Intermediate		Dietetic	_	Lineigency	Contrary faint
	Care Skilled Nursing		Administration	X	Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	06	Building Na	me: Admitting/Emo	ergency		
Configuration :	Retrofit Conformin	g building to	NPC 4 or NPC 5			
Type of Servi	ce Provided					
1	Nursing		Surgical		Obstetrical Cesarean/Deliv	Rehabilitation Therapy
	ntensiveCare		Anesthesia		Obstetrical	Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby	Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical	X	Emergency	Central Plant
	ntermediate		Dietetic		Lineigency	Comman man
	Care Skilled Nursing		Administration		Nuclear Medicine	Support Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	er: 07	Building Na	me: Women's Pavilion				
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing	X	Surgical	X	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare	X	Anesthesia	X	Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	_	Recovery	<u>—</u>	
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
X	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	_ _	Support
	Skilled Nursing		Administration		Nucleal Meulchie		Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Numb	er: 08	Building Na	me: Mechanical Bu	ilding			
Configuration:	Retrofit Conformin	g building to	NPC 4 or NPC 5				
Type of Ser	vice Provided						
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency	X	Central Plant
	Intermediate		Dietetic				
	Care Skilled Nursing		Administration		Nuclear Medicine		Support Services

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Build	ing Number: 04									
Тур	Type of Service Provided									
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
	IntensiveCare	Inpatient Beds	0		Anesthesia					
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis			
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant			
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services			
	Skilled Nursing	Inpatient Beds	0		Administration					
	Total Beds this Building		0							

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 05								
Type of Service Provided								
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy			
IntensiveCare	Inpatient Beds	0	Anesthesia					
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis			
Psychiatric Nursing	Inpatient Beds	0	X Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery			
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	Emergency	Central Plant			
Intermediate Care	Inpatient Beds	0	Dietetic	X Nuclear Medicine	Support Services			
Skilled Nursing	Inpatient Beds	0	Administration					
Total Beds this Building		0						

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number: 06	Building	g Name: Ad	Imitting/Emergency		
Type of Service Prov					
Nursing	Inpatient Beds	0	Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy
IntensiveCare	Inpatient Beds	0	Anesthesia		
Pediatric/Adol escent	Inpatient Beds	0	Clinical Lab	Obstetrical Recovery	Renal Dialysis
Psychiatric Nursing	Inpatient Beds	0	Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery
Obstetrical Ante/Postprtum	Inpatient Beds	0	Pharmaceutical	X Emergency	Central Plant
Intermediate Care	Inpatient Beds	0	Dietetic	Nuclear Medicine	Support Services
Skilled Nursing	Inpatient Beds	0	Administration		
Total Beds this Building		0			

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Building Number:	Building Number: 07 Building Name: Women's Pavilion									
Type of Service P	Type of Service Provided									
Nursing	Inpatient Beds	0	X	Surgical	X Obstetrical Cesarean/Deliv	Rehabilitation Therapy				
IntensiveCare	e Inpatient Beds	0	X	Anesthesia						
Pediatric/Ado	l Inpatient Beds	0		Clinical Lab	X Obstetrical Recovery	Renal Dialysis				
Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery				
Obstetrical X Ante/Postprtu	Inpatient um Beds	29		Pharmaceutical	Emergency	Central Plant				
Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services				
Skilled Nursir	ng Inpatient Beds	0		Administration						
Total Beds th Building	is	29								

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Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per Section 130061(e)

Buildi									
Туре	Type of Service Provided								
	Nursing	Inpatient Beds	0		Surgical	Obstetrical Cesarean/Deliv	Rehabilitation Therapy		
	IntensiveCare	Inpatient Beds	0		Anesthesia				
	Pediatric/Adol escent	Inpatient Beds	0		Clinical Lab	Obstetrical Recovery	Renal Dialysis		
	Psychiatric Nursing	Inpatient Beds	0		Radiological/ Imaging	Newborn/ WellBaby	Outpatient Surgery		
	Obstetrical Ante/Postprtum	Inpatient Beds	0		Pharmaceutical	Emergency	X Central Plant		
	Intermediate Care	Inpatient Beds	0		Dietetic	Nuclear Medicine	Support Services		
	Skilled Nursing	Inpatient Beds	0		Administration				
	Total Beds this Building		0						

Report Status: **Data Last Update:** 02/11/2011 **Submission Date:** 02/11/2011 **Print Date:** 2/14/2011 8:06 AM

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Building Number:	04 Build	ding Name: Serv	vice Building		
Medical / Surgical (In	clude GYN)	Acute Respiratory	/ Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	05 Buil	ding Name: Cardiology	Addition		
Medical / Surgical (In	clude GYN)	Acute Respiratory Care	Ac	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Perinatal (excluse Ne	ewborn / GYN)	Burn	Ski	Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Pediatric		intensive Care Newborn Nursery	Into	ermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Intensive Care		Rehabilitation Center		. Care / developn sabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		patient 0	Inpatient 0 Days
Coronary Care		Chemical Dependency	_	tal Beds this illding Per iit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpat Bed Days		0	0

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Building Number:	Build	ing Name: Adm	itting/Emergency		
Medical / Surgical (Ind	clude GYN)	Acute Respiratory Care		Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse Nev	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / develop Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	D7 Build	ing Name: Wom	nen's Pavilion		
Medical / Surgical (Inc	clude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	
Perinatal (excluse Ne	wborn / GYN)	Burn		Skilled Nursing	
Inpatient 29 Bed	Inpatient 4815 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	
Pediatric		intensive Care New Nursery	vborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0	Inpatient 0 Inpatient Days	
Coronary Care		Chemical Dependency		Building Per B	otal Beds this uilding Per ervice
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	29	0

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Building Number:	08	Building Name: Med	hanical Building		
Medical / Surgical (Ir	nclude GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Perinatal (excluse No	ewborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Pediatric		intensive Care Ne Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Intensive Care		Rehabilitation Center		Int. Care / development Disabled	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0	Inpatient 0 Days	Inpatient 0 Inpatient 0 Days	
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit Total Beds this Building Per Service	
Inpatient 0 Bed	Inpatient Days	0 Inpatient 0 Bed	Inpatient 0 Days	0 0	